

Medco By Mail Order Form



For New Prescriptions

Fill out one line of the Patient Information section for each new prescription you send. Be sure to include the patient's full name, date of birth, and address, along with the doctor's name and phone number.

For Refills

To order from our website: **www.medco.com**. Have your member ID number and prescription (Rx) number on hand. You can find your member ID below, and your 12-digit prescription or Rx number can be found on your refill slip.

To order by phone: Call **1 800 4REFILL (1 800 473-3455)** to use the automated refill system. Have your member ID number and refill slip with the prescription information ready.

To order by mail: Include your refill slip(s) with this form. Do not complete the Patient Information section for refills.

For All Mail Orders

Place all prescriptions and refill slips together with this completed order form and your co-payment in the enclosed return envelope. Be sure to fold the form as indicated so the address on the bottom right shows through the window.

If You Need Additional Help

Call Member Services at **1 800 818-6632**. The best times to call are Tuesday through Friday afternoons.

See the back of this form for additional instructions.

FOLD BACK HERE

Member Information

Member ID:

Group:

Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at:

@

Shipping address if different from your mailing address

Check if Temporary Permanent

Daytime telephone

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Evening telephone

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Patient Information—Complete one line for each new patient (Do not complete for refills)

Patient name	Patient's relation to plan member (fill in one)			Sex	Birth date M/D/YYYY	Doctor name and phone number	Does patient have any other prescription plan?
1	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOLD BACK HERE

Order Information

Total number of medications in this order (including all refills and new medications)

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Subtotal of this order

\$

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Optional expedited shipping \$9.00 (subject to change)

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Total enclosed (do not send cash)

\$

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Paying by credit card? Visa MC Disc/NOVUS AmEx Diners

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CREDIT CARD NUMBER

M

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 Y

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EXPIRATION DATE

X

CARDHOLDER SIGNATURE

Check here to have all orders billed to your credit card.

By doing so, you authorize Medco to keep your card number on file and bill all future orders and any outstanding balances directly to your credit card. To enroll by phone, please call 1 800 948-8779.

Paying by check? Write your member ID number on your check or money order made payable to Medco.

Please be sure address is visible through window of envelope marked "Medco By Mail Order Center"

MEDCO
PO BOX 30493
TAMPA FL 33630-3493



Please take a minute to make sure...

- **You have included your doctor's signed prescription form and filled out the patient information on the front of the order form for each new prescription.**
- **You have either filled out the credit card section on the front of this order form or included a check or money order for the required co-payment.**
- **You have written your member ID number on any check or money order.**
- **The Medco address on the front shows through the window of the envelope marked "Medco By Mail Order Center."**
- **You have filled out the Health and Medication Questionnaire. This information will help Medco better serve your prescription drug needs.**

Expedited shipping available

For an additional fee, your order will be shipped by an expedited service offered in your area. This option must be chosen when you make the order, and it cannot be applied after an order is already processed.

Additional instructions

If you elect to have this and all future orders automatically charged to your credit card (by checking the box on the front or enrolling by phone), bear in mind that the automated payment plan feature will apply to all mail orders. Also note that we can only keep one credit card on record.

You may have a balance limit on your plan account. If so, once your unpaid balance exceeds that limit, no additional orders will be processed until the balance has been paid.

You can call 1 800 948-8779 anytime to enroll in our automated payment plan, change the credit card on file, check your account balance, or pay by phone using a credit card.

Florida Law requires pharmacists to substitute a less expensive, generically equivalent drug for certain brand name drugs unless you or your physician direct otherwise.

Get more information from our website

Visit us at www.medco.com.

To all Medicare beneficiaries whose private health plan has elected to be billed primary for Medicare Part B coverage:

By choosing the Medco mail-order pharmacy to fill your prescription, you are choosing to use the prescription drug coverage provided by your group health plan. Medco will process your prescription under your group health plan coverage, independent of the Medicare program, and no claim will be submitted to Medicare. If you believe that Medicare may also provide coverage and would like Medicare to pay for your prescription, you should go to a Medicare-participating pharmacy in your area. For a list of convenient Medicare-participating pharmacies, please call your local Medicare carrier or 1 800 MEDICARE. If you have any questions about the difference in coverage between your group health plan coverage and Medicare, please call **1 800 818-6632**.